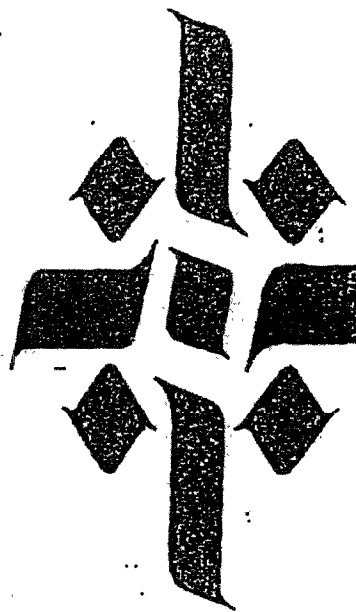




FOOD AND DRUG ADMINISTRATION  
DIVISION OF OTC DRUG PRODUCTS  
OFFICE OF DRUG EVALUATION  
CENTER FOR DRUG EVALUATION & RESEARCH  
5600 FISHERS LANE, HFD-560  
ROCKVILLE, MD 20857-001  
301-827-2222 (phone)  
301-827-2315(fax)



DATE 7/2/03

TO: Diane Beatty

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

PGS. (FAX + COVER)

FROM: Elaine Abraham

MESSAGE Minutes of June 11 meeting

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**MEMORANDUM OF MEETING MINUTES****MEETING DATE:** June 11, 2003**TIME:** 11:05AM-11:35AM**LOCATION:** Videoconference-S100**APPLICATION:** NDA 20-832/S-005**TYPE OF MEETING:** A**MEETING CHAIR:** David Bostwick**RECORDER:** Tia Frazier**FDA ATTENDEES, TITLES, AND OFFICE/DIVISION**

| <u>Name of FDA Attendee</u>         | <u>Title</u>                             | <u>Division Name and HFD#</u>                      |
|-------------------------------------|--|--|
| 1. Charles Ganley, M.D.             | Division Director                        | Division of Over-the-Counter Drug Products HFD-560 |
| 2. Tia Frazier, M.S., R.N.          | Regulatory Project Manager               | Division of Over-the-Counter Drug Products HFD-560 |
| 3. Laura Shay, C.R.N.P., M.S.       | Regulatory Project Manager               | Division of Over-the-Counter Drug Products HFD-560 |
| 4. Dave Hilfiker, M.S.              | Chief, Project Manager                   | Division of Over-the-Counter Drug Products HFD-560 |
| 5. Debbie Lumpkins                  | Team Leader, Interdisciplinary Scientist | Division of Over-the-Counter Drug Products HFD-560 |
| 6. Andrea Leonard-Segal, M.D., M.S. | Medical Team Leader                      | Division of Over-the-Counter Drug Products HFD-560 |
| 7. John Smith, Ph.D.                | Chemistry Team Leader                    | Division of Over-the-Counter Drug Products HFD-560 |
| 8. Maureen Dillon-Parker            | Regulatory Project Manager               | Division of Anti-Infective Drug Products HFD-520   |
| 9. David Bostwick                   | Clinical Reviewer                        | Division of Anti-Infective Drug Products HFD-520   |
| 10. Jean Mulinde, M.D.              | Clinical Team Leader                     | Division of Anti-Infective Drug Products HFD-520   |
| 11. Albert Sheldon, Ph.D.           | Microbiology Team leader                 | Division of Anti-Infective Drug Products HFD-520   |
| 12. Peter Coderre, Ph.D.            | Microbiology Reviewer                    | Division of Anti-Infective Drug Products HFD-520   |
| 13. Pam Winbourne                   | Writer-Editor                            | Division of Public Affairs HFD-210                 |

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**EXTERNAL CONSTITUENT ATTENDEES AND TITLES:**

| <u>External Attendee</u>     | <u>Title</u>   | <u>Sponsor/Firm Name</u>   |
|------------------------------|--|--|
| 1. Joseph Brandmeyer         | Owner, Chairman of the Board                             | Medi-Flex Hospital Products, Inc.  |
| 2. Lyle Clayton              | President, Chief Operating Officer                       | Medi-Flex Hospital Products, Inc.  |
| 3. Orlando Cordova           | Vice President, Quality Assurance and Regulatory Affairs | Medi-Flex Hospital Products, Inc.  |
| 4. Cindi Crosby              | Director, Clinical Affairs                               | Medi-Flex Hospital Products, Inc.  |
| 5. Rebecca Minion            | Vice President, Strategic Planning                       | Medi-Flex Hospital Products, Inc.  |
| 6. Scott Tufts               | Director of Research and Development                     | Medi-Flex Hospital Products, Inc.  |
| 7. Michael Beckloff          | President and Chief Executive Officer                    | Beckloff Associates, Inc. (U.S. Agent for Medi-Flex Hospital Products, Inc.) |
| 8. Diane Beatty, Ph.D.       | Senior Director, Pharmaceutical Development              | Beckloff Associates, Inc. (U.S. Agent for Medi-Flex Hospital Products, Inc.) |
| 9. Janet DeLeon              | Associate Director, Pharmaceutical Sciences              | Beckloff Associates, Inc. (U.S. Agent for Medi-Flex Hospital Products, Inc.) |
| 10. Wayne Vallee, R.Ph., RAC | Director, Regulatory Affairs                             | Beckloff Associates, Inc. (U.S. Agent for Medi-Flex Hospital Products, Inc.) |

**BACKGROUND****CHRONOLOGICAL HISTORY OF FDA ADVICE ON THE 26-MILLILITER APPLICATOR**

- January 30, 2003, during a teleconference concerning another submission, the sponsor proposed submitting an application for a 26-mL applicator containing their approved pre-operative prepping solution. FDA advised the sponsor to either limit the available amount of prepping solution to 20 mL or less, or seek FDA's guidance before submitting an application for a 26-mL applicator.
- March 11, 2003, the sponsor submitted a Changes Being Effected in 30 Days CMC supplement, S-005, for the 26-mL applicator without first consulting with FDA.
- April 9, 2003, FDA issued an "Unacceptable for filing" (UN) letter because the user fee required for the submission to be reviewed was not submitted for Supplement 005.

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- May 1, 2003, the sponsor submitted a request for a Type A Meeting. This submission also contained a request for FDA to provide Beckloff with a copy of the review comments from the review of supplement 005.
- May 12, 2003, the sponsor received the following facsimile in response to their request for review comments.

.....  
Facsimile sent on 5/12/03 to Beckloff Associates

### "Unresolved Clinical issues

The supplemental application fails to contain information which assures that the proposed container may be safely used. Specifically, this container contains a sufficient amount of alcohol to cause serious harm to the patient if accidentally ignited. It is necessary that the user be provided with adequate information to minimize this possibility. Please note the following comments:

1. The material submitted with the supplemental application does not provide a realistic approximation of the area of human skin which the product could be expected to cover in normal use. This is important in that the user should be aware of the approximate area of coverage in order to minimize overapplication and related spillage and pooling of the product. It is noted that a study using artificial skin has been submitted, but it is inadequate in that (apparently) the same piece of artificial skin was used repeatedly, and a similar test using human skin would be both practical and much more informative.

2. The directions for use for the product ("Wet the sponge by repeatedly pressing and releasing the sponge against the treatment area until liquid is visible on the skin.....Use repeated back and forth strokes of the sponge for approximately 2 minutes") leave open the possibility of runoff from the targeted treatment area during normal use. If this is the case, the labeling must be revised to address this problem.

It is therefore suggested that the following study (or a close approximation of it) be performed and the results submitted in support of a supplemental application.

Twenty normal adults should be enrolled, preferably of significantly varying body mass. The product should be applied according to labeled directions to a convenient body surface (the back is suggested) when the test subject is prone. It is also suggested that the same person perform all applications in order to minimize differences in pressure used, etc. If a target area is desired (such as 20x20 inches), this may be designated, though the purpose of the study is to determine how much area is covered by the product in normal use. If the area covered on one person is larger than convenient, the product may be applied to two subjects and the areas covered summed. The information gathered should include:

- A. The average body surface area covered by ten different applicators (or more, if one applicator is used per person in some cases).
- B. The average amount (weight/volume) of product used in the applications.
- C. Whether or not there is product runoff and/or pooling during application. It may be necessary to adjust the recommended area of coverage to provide the best combination of correct dosage and lack of excess product."

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**End of Fax**  
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- May 28, 2003, the sponsor submitted the following 6 questions (see below - italics) in response to the May 12, 2003 facsimile.
- June 10, 2003, FDA provided the sponsor with the following responses to the 6 questions (bolded below). The sponsor acknowledged receipt of the FDA responses at the start of the videoconference. These questions were used as the agenda for this discussion.
- FDA invited the sponsor to focus the discussion at this meeting on any of FDA's draft comments for which they had a disagreement, question, or counter-proposal. Discussion of FDA's preliminary responses to the questions presented by the sponsor, in addition to discussion of other questions raised by the sponsor during the meeting are recorded below.

**DISCUSSION****Meeting Question # 1:**

*The ChloroPrep One-Step 26-mL Applicator (26-mL Applicator) delivers an average (n=30) volume of 14.73 mL (range 13.85-16.23 mL) of Chloro-Prep One-Step Topical Solution. This applicator contains a foam pledget (foam piece internal to the applicator located between the two glass ampoules and the applicator pad), which, in conjunction with the applicator pad, provides control of the solution flow rate to prevent pooling. While this unique configuration provides additional safety for patients and end users, the pledget and applicator pad maintain much of the applicator's solution. Does the Agency agree that there are no safety concerns with ChloroPrep One-Step 26-mL Applicator if the deliverable volume is approximately 15 mL?*

**FDA RESPONSE:**

**No. Safety concerns remain because the Agency has received reports of flammability problems with products that deliver a similar volume of alcohol for similar purposes.**

**DISCUSSION POINTS:**

- The sponsor asked why FDA raised safety concerns with the current product proposal submitted by Medi-Flex Hospital Products when other containers with volumes up to 40 mL are currently marketed. Medi-Flex further questioned why Dura-Prep is permitted on the market, when, according to their own research, the product was never granted FDA approval for their pre-operative prepping applicator.
- FDA acknowledged that products with volumes greater than 20 mL are currently being marketed. FDA reported that the agency is taking appropriate steps to ensure that products on the market are either legally marketed or removed from the marketplace.